

# MARYLAND BOARD OF SOCIAL WORK EXAMINERS EMPLOYMENT CERTIFICATION FORM

## PART I: THE FOLLOWING SECTION IS TO BE COMPLETED BY APPLICANT

I am applying for licensure at the \_\_\_\_\_ LCSW or \_\_\_\_\_ LCSW-C level.

**Applicant's Name:** \_\_\_\_\_  
First Middle Last

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street City State Zip

Dates of Employment: From: \_\_\_\_\_ - \_\_\_\_\_ Thru: \_\_\_\_\_ - \_\_\_\_\_

Employment Status: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Hours per week Hours per week

Position held while obtaining hours of social work experience under social work supervision: \_\_\_\_\_

Name(s) of Supervisor(s): \_\_\_\_\_  
(List supervisor(s) completing the Professional Reference Form(s))

Was the supervision provided accountable to the employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Social work supervision \_\_\_\_\_ was \_\_\_\_\_ was not provided by the agency?

The supervision was provided under an employment contract? \_\_\_\_\_ Yes \_\_\_\_\_ No

**APPLICANT'S AFFIDAVIT:** I do solemnly declare and affirm, under the penalties of perjury, the above information is true and correct.

\_\_\_\_\_  
**Applicant's Signature** **Date**

## PART II: THE FOLLOWING SECTION IS TO BE COMPLETED BY EMPLOYER

This section is to be completed by the Director or Personnel Officer at the agency where the applicant was employed while obtaining social work experience under social work supervision. This section should not be completed by the applicant's social work supervisor unless the agency does not have a Personnel Officer or an Administrator other than the supervisor.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency

Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street City State Zip

I certify that the applicant, \_\_\_\_\_, was employed by the agency named above in the capacity of \_\_\_\_\_.  
Position Held

**EMPLOYER'S AFFIDAVIT:** I do solemnly declare and affirm, under the penalties of perjury, that the information provided on this form is true and correct.

\_\_\_\_\_  
**Signature of Director/Personnel Officer** **Date**